



Tuberculosis – Tuberculosis Prevention

If monies are not available to fund preventive services for routine reactors, the evaluation and follow-up of routine reactors would be discontinued in the office of public health. If evaluation and treatment services for routine reactors is not adequately available by alternate providers, the discontinuation of this services would allow 14 new cases to develop annually. If funding was increased, tuberculosis prevention activities could be expanded to include more interventions to reduce the development of active disease in the population infected with *M.tuberculosis*.

Objective: To reduce the risk of becoming infected with tuberculosis for persons not yet infected and to reduce the risk of developing the disease once a person has been infected through extensive contact investigations and evaluation and/or treatment of individuals exposed to or infected with TB.

Indicator 1: Cases with Contacts Identified: Increase the percent of sputum smear positive cases with contacts.

Year	2006	2007	2008	2009	2010	2011
Objective	78.7%	83.0%	86.7%	*Data pending	87.5%	90%

Indicator 2: Evaluated Contacts: Increase the proportion of contacts to sputum smear positive cases evaluated for infection and disease.

Year	2006	2007	2008	2009	2010	2011
Objective	71.2%	78.1%	79.7%	*Data pending	88.7%	89.5

Indicator 3: Infected Contacts with Treatment Completed: Increase the proportion of infected contacts who complete treatment.

Year	2006	2007	2008	2009	2010	2011
Objective	58.9%	53.8%	*Data pending	*Data pending	75%	75%

Indicator 4: Infected Immigrants and Refugees with Treatment Completed: Increase the proportion of infected Immigrants and Refugees who are evaluated and complete treatment.

Year	2006	2007	2008	2009	2010	2011
Objective	64.2%	56.6%	*Data pending	*Data pending	70%	70%

Indicator 5: Routine Reactors with Treatment Completed: Increase the proportion of routine reactors who complete treatment.

Year	2006	2007	2008	2009	2010	2011
Objective	56.6%	51.1%	*Data pending	*Data pending	65%	65%

Narrative: TB Prevention is an activity utilized in by the OPH TB Program staff to manage individuals exposed to or infected with *M.tuberculosis*. Diagnostic and treatment services are provided by OPH staff through regional TB clinics and parish health units regardless of ability to pay. Services provided include preventive medications, laboratory tests, skin-tests, X-rays, medical evaluation and consultation, blood work, HIV testing, contact investigations, Directly Observed Preventive Therapy (DOPT), and nursing assessments. Public Health Nurses (PHNs) and trained Disease Intervention Specialists (DISs) provide Directly Observed Preventive Therapy (DOPT) to high priority individuals infected with TB to assure completion of therapy and provide protection against the development of active TB disease. DOPT occurs when a trained public healthcare worker observes the patient ingest every dose of preventive

medications, with treatment lengths 6-9 months. Tuberculosis prevention activities also include evaluation and treatment of immigrants and refugees. This population has a high TB infection rate and is at higher risk of developing disease than the general population. Class B Immigrant/refugee referrals are received through the Associated Catholic Charities Refugee Program and referrals directly the Division of Quarantine. Parish health unit and regional TB clinic staff conduct tuberculosis follow-up for new arrivals. Individuals with no history of exposure who are tested at private facilities are known as “routine reactors”. Experienced regional staff members coordinate and manage these services. Central Office, TB Laboratory, Pharmacy, Epidemiology Section, and Tuberculosis Program Office staffs provide direct service support, medical consultation, and administrative support. Office of Public Health TB Program staff partner with numerous entities to accomplish TB Prevention including the American Lung Association, Medical Schools, Association of Catholic Charities, Centers for Disease Control, Wetmore Foundation, private practitioners, National TB Controllers and the Southeastern Regional Training Center. TB Prevention also collaborates internally within the state with HIV program, Pharmacy, Laboratory, and the Legal department staff. There are several future strategies to improve efficiency and streamline TB prevention activities. Implementing the method of dispensing INH by automating the return visits and mailing the medication to the patient’s home is a strategy that would save time and money through a mail order system reducing or eliminating patient health unit visits. Switching from the standard skin testing for TB which takes two patient visits to administer and interpret to a blood draw would also increase effectiveness and efficiency. The test would be performed in the National T-SPOT laboratory saving salaries and positions needed to perform these tests in the state laboratory. This will also decrease the number of false positives treated needlessly in Public Health.

Better Health

TB prevention activities advance the state outcome of “better health” by improving the health of the population by the decreasing proportion of individuals exposed this airborne communicable disease and reducing the number of individuals with *M.tuberculosis* infection who develop TB disease in the communicable state.

TB Prevention strategies are detailed in the American Thoracic Society and Centers for Disease Control and Prevention committee statement “Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection” (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>) and the joint recommendations of the National TB Controllers Association and the Centers for Disease Control and Prevention “Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis” (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a1.htm>).

The Louisiana TB Program has a website www.tb.dhh.louisiana.gov with links to pertinent reports, publications and information including: the Louisiana Administrative Code (Title 51,

Sanitary Code), Surveillance Reports, the Louisiana Tuberculosis Manual, and Regional and Program contact information.

TB Prevention activities mandated by the State of Louisiana include:

- **LAC: Public Health Sanitary Code, Part II, Chapter 5, §503.** Mandatory Tuberculosis Testing: *“... All persons prior to or at the time of employment at any medical or 24-hour residential facility requiring licensing by the Department of Health and Hospitals ...shall be free of tuberculosis in a communicable state...”*
- **LAC: Public Health Sanitary Code, Part II, Chapter 5, §505.** Required Medical Examinations of All Persons Admitted to Nursing Homes and Residential Facilities
- **LAC: Public Health Sanitary Code, Part II, Chapter 1, §115. Investigations:** *“ The state health officer may immediately upon receiving notification of any communicable disease or reportable condition, investigate as the circumstances may require for the purpose of verification of the diagnosis, to ascertain the source of the causative agent, to disclose unreported cases and to reveal susceptible contacts...”*